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Preface

This Cumulative Index to the material in *The Journal of Nuclear Medicine,* Volumes 21–25, 1980 through 1984, is the inaugural effort to provide a much-needed reference source for both clinical and research purposes. Letters to the Editor, editorials, abstracts from the annual meetings, and book reviews are included in the index. Publication each year of an updated cumulative index is planned, deleting the earliest year of the previous edition to maintain a current 5-year span.

The structure of this index is similar to that of the annual indices which have appeared in the December issues, including both an author and subject index. The primary method for indexing is based on the selection of key words from published articles. Below these key words, titles of the appropriate articles are listed and may appear under more than one heading. The location of each entry by volume and page follows the title of the article. Page numbers preceded by the letter "P" indicate that the material is an abstract appearing in the annual meeting issue of that volume (i.e., an abstract of a scientific paper or poster presented at The Society of Nuclear Medicine's Annual Meeting). Page numbers followed by "(le)" refer to Letters to the Editor.

The fundamental principle of this index is simplicity, always keeping in mind the convenience of the user. Thus, the terminology is that which has evolved over the past 25 years of *Journal* publication and represents current usage.

Frank H. DeLand, MD
Editor, 1975–1984

Foreword

"A teacher affects eternity; he can never tell where his influence stops"
—Henry Brooks Adams

The SNM Historian wrote in an October 29, 1984 letter to his former student, Doctor Frank DeLand, Editor of *The Journal of Nuclear Medicine* during the past decade: "And what an editorship it has been! As a Charter Member of The Society of Nuclear Medicine, as well as a member of its Publications Committee, I can only express my profound gratitude to you for your dedicated service in putting *The Journal of Nuclear Medicine* 'way up front.' Your fine and able efforts, together with your perseverance, have yielded rich fruit; and I am sure you must feel justifiably proud of your exceedingly 'well-done' job during the past decade. Your *old* professor, in 1957, salutes you and hopes that your cup of satisfaction 'runneth over.' "

Doctor DeLand kindly responded in the December 1984 issue (p. 1391): "As a student of Bill Myers many years ago, I have warm memories of his fascinating lectures and gratefully acknowledge my debt to him for provoking my interest in radioisotopes."

During the interval of this five-year index to *The Journal of Nuclear Medicine,* 1980–1984, much that was new came to the forefront in our lore; and Doctor DeLand ably responded in stride, as usual. Nuclear magnetic resonance became appreciated as a powerful new method of imaging. SPECT came forward to present opportunities for depth-dimensional 3-D imaging. Radiodrugs bearing the advantageous properties of the predominant 159-keV γ-ray of RadioIodine-123 began to put brain imaging back on stream again. Also, these ^{123}I-radiodrugs show great promise for applications in SPECT imaging.

Of particular interest has been the emergence and maturation of PET tomography. Many scores of papers have been presented on this subject at our annual meetings in recent years, and the findings in many of them were published in our *Journal.* Here, at last, is at hand the potential for *quantification* of concentrations of important biochemical and pharmacologic substances for correlation *simultaneously* with readily discernible anatomic sites.

In his 1968 SNM Nuclear Pioneer Lecture, Professor Gordon Brownell stated: "the birth of nuclear medicine coincided with the invention of the cyclotron." . . .And, we are beginning to come full circle back to it again. Dozens of "medical/hospital" cyclotrons now are in place with which to create *de novo,* at the push of a button, the "twinkling" atoms we need to serve as radioindicators (Hevesy's term) to "represent" the *abundant biochemical/physiologic* elements that comprise about 87 percent of our bodies, by weight. Twenty-minute RadioCarbon-11, 10-minute RadioNitrogen-13, 2-minute RadioOxygen-15, and 7.6-minute RadioPotassium-38 all are generated readily with small cyclotrons. The beauty of it all is that each of them emits positrons, and, therefore, they are useful for reaping the advantages of PET tomography. Looking into the future, this historian sees that a horizon in our lore may only begin to appear when a prediction published in 1969 is fulfilled: "a cyclotron *must* become installed in every major hospital, *necessarily.*"

From the biased point of view of a chemist, it appears that nuclear medicine rapidly is approaching a fork in the road of progress. We are beginning to improve greatly on

the "inside-out" imaging that has been with us only since 1951, and that we have been limited largely to seeking distortions of the normal anatomic relationships of Vesalius. In doing so, we have been predominantly exploiting the physical properties of radionuclides of elements *not present in our bodies.* But now, as practical empiricism yields increasingly to deduction, we are beginning to embrace more frequently the *"biochemical/physiologic"* imaging that stems from the concepts of Claude Bernard.

These new opportunities prove that there is no slackening in the pace of progress, and that there is no indication that nuclear medicine is on a plateau. Not only is it thriving, but it is becoming more vibrantly exciting all the time! In stating, "Imagination is more important than knowledge," Albert Einstein recognized that speculative intuitive insight is the basis of all discovery. Manifestly, imagination is rampant in our lore. And, no wonder! Ours is a rich heritage indeed, stemming as it does from the intuitions of dozens of Nobel Laureates and the discoveries of many other gifted scientists. As the current SNM Historian, I am led to appreciate that, "Savoring the Past, Enriches the Present, and Presages the Future."

A historian of a scientific organization, such as The Society of Nuclear Medicine, may well hold that its only *permanent,* significant activity is the publication of a journal to embrace the findings and insights of its contributors. When these become distributed in libraries throughout the world, the history of current progress is chronicled and duly becomes recorded for all time.

Doctor DeLand's contribution to the documented history of nuclear medicine truly serves in the furtherance of the field, and will be appreciated by physicians and scientists for generations to come.

William G. Myers, PhD, MD
Historian, The Society of Nuclear Medicine

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